

Area 5—Central Texas
HMAZ—North IH-35 Corridor
 Tab 7 – Intervention Selection Form

Subpopulation: IDU AFRICAN AMERICAN WOMEN IDU HISPANIC WOMEN
 IDU AFRICAN AMERICAN MEN IDU HISPANIC MEN
 MMS AFRICAN AMERICAN FMS HISPANIC WOMEN
 FMS AFRICAN AMERICAN WOMEN
 FMS AFRICAN AMERICAN MEN

Ranking: H

Name of Intervention	AIDS Community Demonstration Project (C1-2)	
Risk Behavior(s)	Sex without condoms Sharing unsterile injection equipment	
Influencing Factor(s) or FIBs	Self-efficacy Intentions Expected outcomes Perceived susceptibility Cultural norms	Group pressure Peer pressure Social support Environmental facilitation (access to condoms and bleach kits)
Intended Immediate Outcomes	Increase condom use with main and non-main partners Increase disinfection of injection equipment	
Type	Community level intervention (CLI)	
Setting	Street settings, public sex environments, other community venues	
Is this intervention currently being provided in your planning area?	Portions of interventions but not all	
Rationale for selecting this intervention:	Groups for intervention includes: High risk population of our area	

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Subpopulation: ALL SUBPOPULATIONS

Ranking: H

Name of Intervention	AIDS Education for Drug Abusers (C1-6)	
Risk Behavior(s)	IDU and sex related HIV risk behaviors	
Influencing Factor(s) or FIBs	Group pressure Peer pressure Social support Intentions Self-esteem	Cultural norms Expected outcomes Environmental facilitation (access to condoms and bleach kits)
Intended Immediate Outcomes	Increase condom use with main and non-main partners Increase disinfection of injection equipment	
Type	Community level intervention (CLI)	
Setting	Inpatient drug detoxification and rehabilitation center	
Is this intervention currently being provided in your planning area?	Yes	
Rationale for selecting this intervention:	High-risk population our area. Identified HIV+ individuals from these settings.	

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Subpopulation: ALL SUBPOPULATIONS

Ranking: H

Name of Intervention	Reduction of high-risk sexual behavior among heterosexuals undergoing HIV antibody testing-PCPE (C-15)	
Risk Behavior(s)	IDU and sex high-risk behaviors	
Influencing Factor(s) or FIBs	Group pressure Peer pressure Self-esteem Social support	Cultural norms Expected outcomes Environmental facilitation (access to condoms and bleach kits)
Intended Immediate Outcomes	Increase condom usage all partners Provide HIV testing and counseling	
Type	CLI, ILI	
Setting	STD Clinic, Community venues	
Is this intervention currently being provided in your planning area?	A modified version is being used	
Rationale for selecting this intervention:	Provides testing and counseling to individuals at high risk for HIV	

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Subpopulation: IDU AFRICAN AMERICAN MEN IDU HISPANIC MEN
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 FMS HISPANIC MEN FMS WHITE MEN

Ranking: H

Name of Intervention	Reducing post-release HIV risk among male prison inmates (pg 82)
Risk Behavior(s)	Sex without condoms Sharing needles
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to clean works) Group norms Substance abuse Intentions
Intended Immediate Outcomes	Increase condom usage Decrease drug usage and sharing needles
Type	ILI
Setting	Jails
Is this intervention currently being provided in your planning area?	No
Rationale for selecting this intervention:	Increase HIV+ education in prison Provide HIV testing for these high risk populations

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Subpopulation: IDU AFRICAN AMERICAN WOMEN IDU HISPANIC MEN
 IDU AFRICAN AMERICAN MEN

Ranking: H

Name of Intervention	Turning Point (pg 9)
Risk Behavior(s)	Injection Drug use Unsafe Needle Practice
Influencing Factor(s) or FIBs	Perceived susceptibility Severity, Benefits Barriers Self-efficacy
Intended Immediate Outcomes	Safer needle use behaviors Increased understanding of the severity of HIV identification of barriers and education around risk reduction methods to overcome barriers, relationship issues and safer injection practices
Type	GLI
Setting	Not indicated
Is this intervention currently being provided in your planning area?	Partially
Rationale for selecting this intervention:	High risk identified in epi-data and needs assessment indicating IV drug behaviors in IDU men, IDU women of AA ethnicity and IDU men Hispanic

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Subpopulation: ALL SUBPOPULATIONS

Rankings: Same as the corresponding group in the selected HMAZ, LMAZ

Name of Intervention	Prevention Counseling/Partner Elicitation (PCPE)
Risk Behavior(s)	Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
Intended Immediate Outcomes	Increase proportion of HIV -infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based locations
Currently provided?	Yes
Rationale for selecting intervention:	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE:</p> <ol style="list-style-type: none"> 1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to request condoms, to talk with friends about AIDS, and to get tested for HIV. 2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women</i>. This 25-minute video

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	<p>emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p style="text-align: right;">pcpe</p>
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Subpopulation: All **high priority** subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in the selected HMAZ, LMAZ

Name of Intervention	Prevention Case Management (PCM)
Risk Behavior(s)	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
Intended Immediate Outcomes	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently provided?	No
Rationale for selecting intervention:	<p><i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i></p> <p>This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.</p> <p style="text-align: right;">pcm</p>

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RANKING: H

Name of Intervention	Needle Exchange Program
Risk Behavior(s)	Needle Sharing Clean needle use or use of bleach kits Use of public sex environments, shooting galleries, or other settings where high risk behaviors frequently occur
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Problem hierarchy (needs) Self efficacy Self esteem Mood Skills Social norms/Peer pressure Environmental barriers/Facilitators Access
Intended Immediate Outcomes	At the end of the intervention, client will commit to safer needle use.
Type	ILI
Setting	Any location where target population gathers
Is this intervention currently being provided in your planning area?	NO
Rationale for selecting this intervention:	Several states have operated similar programs for several years and have found it to be an efficient method of altering high-risk behavior among injecting drug users. <i>Reference: Watters, J.K., et al. Journal of the American Medical Association (JAMA) 1994; 271(2): 115-120</i>